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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet	1	of	2
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Complete if Known

Application Number	
Filing Date	
First Named Inventor	MILLER, Van
Art Unit	
Examiner Name	
Attorney Docket Number	Low Glycemic Index

U. S. PATENT DOCUMENTS

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Sheet 2 of 2	Attorney Docket Number	Low Glycemic Index	

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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